

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00038 (2)

1. Corporation Name
OCALA CHAPTER 812, E.A.A., INC.



59-3363746

Principal Place of Business: 8 ASH TRAIL, OCALA FL 34472, US
Mailing Address: RT. 3, BOX 923, GAINESVILLE FL 32653-9729, US

3. Date Incorporated or Qualified: 11/29/1983
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [], No [X]

9. Name and Address of Current Registered Agent
ROUX JOSEPH
9101 NW 71ST TERRACE
RT. 3, BOX 923
GAINESVILLE FL 32653

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	HINES WILLIAM	
STREET ADDRESS	301 OAK TRACK TR	
CITY-ST-ZIP	OCALA FL	
TITLE	D	DELETE
NAME	NICHOLS, CARMAN	
STREET ADDRESS	P.O. BOX 536 N/A	
CITY-ST-ZIP	OCALA FL	
TITLE	TD	DELETE
NAME	ROUX JOSEPH E.	
STREET ADDRESS	9101 NW 71ST TER., RT.3, BOX 923	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	DELETE
NAME	WILSON, DONNA	
STREET ADDRESS	8 ASH TRAIL	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	DELETE
NAME	CRADDICK, DAVE	
STREET ADDRESS	6225 SE 158TH CT.	
CITY-ST-ZIP	OCKLAWAHA FL	
TITLE	SD	DELETE
NAME	BOYKIN CHERYL	
STREET ADDRESS	3400 NE 45TH ST.	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Joseph E Roux, Treasurer 06 JAN 97 352-4738000

CR2E037 (9/96)